

# UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

### A. NAME & PHONE OF CONTACT AT FILER (optional)

Gissella Melendez  
800-331-3282

### B. E-MAIL CONTACT AT FILER (optional)

### C. SEND ACKNOWLEDGMENT TO: (Name and Address)

CT LIEN SOLUTIONS  
2727 ALLEN PARKWAY  
HOUSTON, TX 77019  
USA

**DOCUMENT NUMBER:** 50530680002

**FILING NUMBER:** 15-74802656

**FILING DATE:** 08/14/2015 06:34

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### 1a. INITIAL FINANCING STATEMENT FILE NUMBER

10-7251703591

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS. Filer: Attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

### 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

### 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9

For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

### 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

### 5. PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects  Debtor or  Secured Party of record.  CHANGE name and/or address: Complete  item 6a or 6b; and item 7a and 7b and item 7c  ADD name: Complete item  7a or 7b, and item 7c  DELETE name: Give record name  to be deleted in item 6a or 6b

### 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

|                         |                          |                     |                               |
|-------------------------|--------------------------|---------------------|-------------------------------|
| 6a. ORGANIZATION'S NAME |                          |                     |                               |
| OR                      | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |

### 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| 7a. ORGANIZATION'S NAME |  |  |  |  |
| OR                      | 7b. INDIVIDUAL'S SURNAME                   |  |  |  |
|                         | INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |  |
|                         | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  |  |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

### 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:

### 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

|   |                         |                     |                               |
|---|-------------------------|---------------------|-------------------------------|
| a. ORGANIZATION'S NAME<br>CAPITAL ONE PUBLIC FUNDING, LLC |                         |                     |                               |
| OR  | b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |

### 10. OPTIONAL FILER REFERENCE DATA:

CA-0-49344763-50344855

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